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PATENT APPLICATION FEE DETERMIN	IATION RECORD
Effective October 1, 200	0
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Application or Docket Number

0989 4481

TOTAL CLAIMS TOTAL CLAIMS TOTAL CLAIMS TOTAL CHARGEABLE CLAIMS TOTA	FEE -710.00 8= 234 0= 40-0 0= AL /344 HER THAN ALL ENTITY ADDITIONAL FEE 8=
FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS 23 - minus 20= * / 3	FEE -710.00 8= 234 0= 40-0 0= AL /344 HER THAN ALL ENTITY ADDITIONAL FEE 8=
TOTAL CHARGEABLE CLAIMS 3.3 - minus 20 = * / 3	8= 234 0= 400 0= AL 1344 HER THAN ALL ENTITY ADDITIONAL FEE 8=
INDEPENDENT CLAIMS · S - minus 3 = * S MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS REMAINING REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR Total * Minus ** = X\$ 9= OR X\$1 RATE TIONAL FEE X40= OR X80 CLAIMS SMALL ENTITY OR SMA	D= 400 D= 1344 HER THAN ALL ENTITY ADDITIONAL FEE 8=
MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR Total * Minus *** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM * AU= 135= CR ADDI- TIONAL FREE X\$ 9= OR X81 OR ADDI- TIONAL FREE X\$ 9= OR X81	D= 400 D= AL /344 HER THAN ALL ENTITY TE ADDITIONAL FEE 8=
* If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS REMAINING AFTER AMENDMENT Total * Minus *** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM *** * Independent Minus M	AL /344 HER THAN ALL ENTITY ADDITIONAL FEE 8=
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT Total Total Total * Minus *** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM TOTAL OR TOTAL OR TOTAL OR TOTAL OR TOTAL OR TOTAL OR SMALL ENTITY OR RATE TIONAL FEE TOTAL OR NA ADDI- TIONAL FEE OR X8	AL /344 HER THAN ALL ENTITY ADDITIONAL FEE 8=
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)=
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ADDIT. FEE ADDIT (Column 1) (Column 2) (Column 3)	FEE
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Independent • Minus ••• = X40= OR X8)=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
+135= OR +27	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	